

Results Review and Resource Request

Fiscal Year 2001

United States Agency for International Development Bureau for Humanitarian Response



**OFFICE OF AMERICAN SCHOOLS AND
HOSPITALS ABROAD**

17 May 1999

The attached results information is from the FY 2001 Results Review and Resource Request (R4) for the Office of American Schools and Hospitals Abroad and was assembled and analyzed by USAID/ASHA.

The R4 is a "Pre-Decisional" USAID document and does not reflect results stemming from formal USAID reviews. Additional Information on the attached can be obtained from BHR/ASHA.

Please Note:

The attached FY 2001 Results Review and Resource Request ("R4") was assembled and analyzed by the country or USAID operating unit identified on this cover page.

The R4 is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

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Released on or after Oct. 1, 2001

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AMERICAN SCHOOLS AND HOSPITALS ABROAD PROGRAM R4

PART I: OVERVIEW AND FACTORS AFFECTING PROGRAM PERFORMANCE

The Office of American Schools and Hospitals Abroad (ASHA) awards grant assistance to selected schools, libraries, and hospital centers overseas that are study and demonstration sites for United States education and medical achievement and research. Annual competitive grant awards to U.S. Organizations (USOs) are used to enhance the Overseas Institutions' (OSI) effectiveness to demonstrate state-of-the-art technologies and approaches and to inculcate U.S. ideas and practices. ASHA grant funds are primarily used for infrastructure development and the purchase of state-of-the-art equipment. To implement the grants, ASHA has formed private sector partnerships with USOs and their OSI partners. USOs and OSIs implement the grants with American or American-trained professionals that have a commitment to the sustainability of new U.S. technologies and approaches at the OSIs.

ASHA's Strategic Plan, approved on July 25, 1997, contains a single Strategic Objective (SO) derived from ASHA's congressional mandate: "*Demonstrate U.S. educational and medical technologies and practices in selected countries.*"

This year's ASHA's "cross-cutting Strategic Objective contributes to all of USAID's Goal Areas:

| | |
|---------------|--|
| USAID Goal 1: | Broad-based Economic Growth and Agricultural Development Encouraged |
| USAID Goal 2: | Democracy and Good Governance Strengthened |
| USAID Goal 3: | Human Capacity Built Through Education and Training |
| USAID Goal 4: | World Population Stabilized and Human Health Protected |
| USAID Goal 5: | World's Environment Protected for Long-Term Sustainability |
| USAID Goal 6: | Lives Saved, suffering Associated with Natural or Man-made Disasters Reduced and Conditions Necessary for Political and/or Economic Development Re-established |

The activities supporting ASHA's Strategic Objective directly contribute to the Agency's goal of Human Capacity Built Through Education and Training. In turn, these activities contribute to the Agency's Economic and Democratic Growth goals by expanding the capacity of host countries to manage their own social and economic progress by using American models to identify and implement appropriate policies. ASHA grants assist OSIs in developing, adapting or adopting progress-enhancing technologies and in developing a commitment to more open lines of inquiry and tolerance.

Instruction programs supported by ASHA serve the secondary or higher level with the schools offering a broad-based academic program including instruction in the history, geography, political science, cultural institutions and/or economics of the United States. Institutions are expected to increase understanding of the United States. The faculty and staff of ASHA-supported schools include a significant number of U.S. citizens or other professionals trained at U.S. institutions.

ASHA-supported colleges and universities produce the educated leaders and skilled professionals essential to the development of politically and economically sustainable societies that promote U.S. ideas and practices. According to USAID/Cairo, "The American University in Cairo is a partner in assisting in Egypt's economic growth. It has educated leaders of Egyptian society, particularly in the areas of business, journalism and diplomacy."

The Pan American School of Agriculture (Zamorano) has graduated a total of 4,780 students from 25 countries throughout Central and South America and elsewhere. Most of Zamorano graduates work in the private sector where they are leaders in agricultural production, agribusiness, banking, value-added industries, academia, natural resources management and rural development. In the public sector, 31 Zamorano graduates have served as Ministers of Agriculture, Natural Resources, and Finance.

Medical centers and hospitals funded by ASHA are centers for medical education and research as well as treatment facilities. Programs for post graduate training in the United States and programs of exchange of personnel with American Institutions are regarded as evidence of the ability of institutions to demonstrate U.S. ideas and practices in medicine and health care. With the transfer of American medical skills, ethics, procedures, equipment and supplies, and management techniques, ASHA-funded institutions have increased access to quality medical treatment and care and therefore, continue to contribute to USAID's goal of stabilizing world population and protecting human health. Of the Vellore Christian Medical College (VCMC), USAID/New Delhi says, "Firstly, the American concept and pattern of a completely in-service 'Residency System' for the training in all postgraduate medical specialties was initiated in India by VCMC and it is now practiced in many other Indian medical colleges. Secondly, many pioneering departments in India were started first in VCMC with American input." According to USAID/Kenya, "the African Medical and Research Foundation (AMREF) is well known for provision of key health services as well as health and medical research and training throughout Africa. AMREF supports environmental improvement and enhancing the role of women and gender in health development."

ASHA-funded institutions and their graduates are often in the position to participate in crisis prevention, mitigation, and response; therefore, these institutions also support the Agency's goal of Lives Saved, Suffering Associated with Natural or Man-made Disasters Reduced, and Conditions Necessary for Political and/or Economic Development Re-established. Through its grants, ASHA activities continue to further the development objectives of the Bureau for Humanitarian Response (BHR), specifically, "strengthened capability of PVO and NGO community and International Organizations to deliver development and emergency services." Illustrative of this is regional leadership role Zamorano has been playing following Hurricane Mitch and their leadership in prevention of forest fires in Honduras.

ASHA managed 67 grants during this reporting period. Grants awarded during the last quarter of FY1998 were not included in this analysis of results. Grants were awarded to 39 USOs supporting 46 OSIs. For those institutions responding to an R4 questionnaire, 72 percent met or exceeded their targets. Of the total number of active grants in the reporting period, 48 were to educational institutions and 19 were to medical and health institutions. Eleven of the grants were to institutions in the African (AFR) region, 11 grants in the Asian Region, 16 grants in the Europe/Eastern Europe (E/EE) region, 13 grants in the Latin American and Caribbean (LAC) region, 14 grants in the Middle East region, and two worldwide grants.

PART II: RESULTS REVIEWED BY STRATEGIC OBJECTIVE

A. Summary of Strategic Objective

As recommended by BHR during last year's R4 review, four indicators have been selected to measure ASHA's progress towards the achievement of its performance objective. The indicators are:

- (1) Percent of grants that complete all the agreed upon actions by the original PACD;
- (2) Percent of grants that have and use a performance monitoring plan (PMP);
- (3) Percent of grants that have expanded access as a result of ASHA activities; and
- (4) Percent of grants that made quality improvements in key areas.

| |
|---|
| SO Indicator #1: Percent of grants that complete all the agreed upon actions by the original PACD |
|---|

Indicator #1 measures whether the facilities, equipment, and program inputs have been completed or delivered as agreed upon. This is used as an indicator of the effectiveness of grant implementation. The unit of measurement is the percent of grants completed by their original Project Assistance Completion Date (PACD). Grantees completed 33% of the grants with PACD during this reporting period as originally planned. This is an increase from 9.5% for the previous year and exceeds this year's target of 20%.

| |
|--|
| SO Indicator #2: Percent of grants that have and use a performance monitoring plan (PMP) |
|--|

In order to monitor the impact of its grants and to assist both ASHA and the grantees in managing grants and obtaining planned results, the writing, submitting, and use of PMPs by grantees was made a requirement of all grants awarded after 1995. The PMP is used to ensure agreed upon results after the grant has been funded. As a result of the uncertainty about ASHA's future during 1997, ASHA did not have an opportunity to develop guidelines for the development and review of the PMPs. Despite this lack of guidance, four grantees submitted PMPs prior to or during the reporting period. In order to increase compliance with the requirement for PMPs, ASHA developed a plan, currently being implemented, to assist grantees with this new PMP requirement. ASHA also began a reexamination of their strategy and the development of a performance monitoring system.

In May 1998, representatives of USOs and OSIs participated in strategic planning and performance monitoring plan exercises sponsored by ASHA. As a follow up, ASHA supplied technical assistance to selected USOs and OSIs to help the grantees refine and implement their PMPs in Mexico, Guatemala, Brazil, Honduras, and India. ASHA staff continues to confer with USOs and OSIs to solicit their input for potential revision to ASHA's strategic plan and performance monitoring system. For a follow-up PMP workshop held in September 1998, ASHA prepared and distributed a Handbook for the Preparation of PMPs.

In addition, beginning with grants issued during the reporting period, ASHA has made an accepted PMP a condition for dispersal of grant funds. The following was added to the Project Implementation Letter:

Before funds may be released, the grant requires the approval of your PMP. The PMP must be prepared according to the guidance provided by ASHA. At a minimum, the PMP must contain 1) performance indicators and their definition, 2) the data source for each performance indicator, 3) a description of the method of data collection, 4) the frequency and schedule of data collection, 5) the name of the person, team or office responsible for data collection, and 6) a plan for data analysis. A performance indicator is required for each Specific Objective and Intermediate Result covered by the grant. As part of the preparation of the PMP, grant recipients are required to set annual goals for each performance indicator. Grant recipients should use the forms provided by ASHA to complete their PMP.

The baseline for this indicator was 4.3 percent of the active grants had and used PMPs as determined for the previous reporting period. During this reporting period, 43 percent of the active grants had and used PMPs exceeding the target of 25 percent.

SO Indicator #3: Percent of grants that have expanded access as a result of ASHA activities

This indicator measures the degree to which ASHA assistance has resulted in increased access to demonstrations of U.S. technologies and approaches. This indicator captures the results of ASHA grants that have led to a general increase in enrollment/use or have resulted in increased access. Sixty-four percent of ASHA grants reported increased access as a result of their ASHA grant during the reporting period. This exceeds the target of 50%.

There are many examples of increased access as a result of ASHA funding. A few of these include:

- The construction of classrooms and women's dormitory at Loyola Secondary School in Nigeria allowed enrollment at the school to double during the reporting period. Although it is a brand new school, the reputation of the school spread rapidly through the entire country of Nigeria. Students were accepted from 26 of the 33 States. Although the year was one of great friction between Nigeria and many other countries, this school stood as proof of American support for and interest in the people of Nigeria, and it stood as a sign of hope for the value of democratic processes and open markets
- The ASHA-funded training at Hospital Sainte Croix in Haiti led to provision of health care to 5,000 people that previously did not have access to health care.
- The addition of classroom space at Xavier High School in Micronesia enabled an increase in enrollment of about 10%. The construction of the new science/math building has provided the school with a modern science lab, science lecture room with demonstration tables, wet-table for the marine science project, and other classroom space. The former science building, newly-renovated, now houses the school library, much larger and better lit than the previous library and provides the students and staff with a place for research and studies.
- Grant activity at the American University in Bulgaria included the construction and furnishing of two dormitories for 180 beds. The facility also serves additional residential needs such as a gym, laundry room, game and club activity room, study area and café. The facility has become the center for student activities and makes possible the realization of community and Alumni outreach programs.
- During 1998, there was a fourfold increase in the number of people visiting the library at Universidad de las Americas-Puebla in Mexico. A 427% increase in the number of loans of library materials from the general collection and 402% more loans of

reserved materials also occurred during the year. The refurbished library was reopened in 1997 and was presented by U.S. Ambassador James Jones on behalf of the American people. The new books were provided by USIS.

ASHA-funded facilities provided access to emergency care for 109 victims of the bombing at the United States Embassy in Nairobi were treated at Kikuyu Hospital.

- During 1998, the Nazareth Hospital in Israel had an increase in in-patients of 20% across all specialties.
- At Fundação Esperança in Brazil, the health center saw about 30% more people than in the previous year. The

Center provided prenatal care to 180 women. In March 1998, using ASHA-funded facilities and materials with support from Misereor (a German foundation), Fundação Esperança inaugurated a program that benefits about 100,000 people living in nine poor urban neighborhoods. It aims to lower infant mortality by teaching mothers about how to better care for their children, emphasizing breast-feeding, nutrition, danger signs of diarrhea and pneumonia, family planning, and hygiene.

- The ASHA-funded Institute of Energy and Environmental Program at the Feinberg Graduate School in Israel provides a unique opportunity to study the impact of rapid industrialization and agricultural development on the environment. This is an especially valuable program to students from developing countries, many of who will return home to face such issues as development increases. Current major projects include reconstruction and analysis of past global climate changes, modeling ocean currents and their interaction with the atmosphere, and development of new renewable energy technologies – including a very promising large-scale power generation project. Much of the work done on these and other projects in this program are of broad global significance and interest, particularly in the Middle East.
- Because ASHA funds covered the cost of badly need construction, the American College of Sofia, was able to use funds from others funds to continue the practice of admitting bright students whose families are unable to pay full tuition. Without these funds, these students - who are among the brightest young people in Bulgaria – would be unable to attend the College.
- During the reporting period, the Hadassah Medical Center in Israel conducted training in Trauma medicine for 90 students. The Trauma Unit also held special courses for ambulance drivers, nurses and medical orderlies from all parts of the country and for colleagues in the neighboring Arab hospitals and first aid centers. One hundred and forty-four received this specialized training.

On June 30, 1998, Hillary Rodham Clinton, First Lady of the United States, attended the opening ceremonies of the Shanghai Children's Medical Center (SCMC). During her speech, she recognized the outstanding collaboration of public and private organizations. The First Lady said:

This medical center is the result of an extraordinary public-private collaboration between our two countries, the city of Shanghai, Project HOPE, the Shanghai Second Medical University, American Schools and Hospitals Abroad/USAID, as well as the generous contributions of many Chinese, American and other international businesses, foundations, and individuals. Certainly the relationship between our two countries and our two peoples has no more important objective than improving the future for the children of both our countries.

- The Shanghai Children's Medical Center was officially opened June 30, 1998. U.S. doctors and nurses began working side-by-side with Chinese medical personnel, training them in modern pediatric care for more than 250,000 children who will visit the hospital each year. Although the Center's phased opening is not entirely completed, it was already seeing more than 3,000 children per week by December 1998, and there is an 85% occupancy rate for the available beds.

"Our main success story is Lebanese American University's ability to launch an Engineering School offering high quality U.S.-type educational program. ASHA Grant 675 contributed substantially to this success. We are also proud to note that we have been able to initiate undergraduate research for a selected number of final year students. This is also made possible through the equipment purchased under the grant."

- At the King Edward Memorial Hospital in India, the ASHA funded telemedicine link provided greater access to the hospital staff in patient care at the rural clinic. Simultaneously, the rural population gained quicker access to the specialized knowledge and services of the hospital.

- ORBIS conducted seven comprehensive programs that were supported in part by ASHA: Guiyang and Hefei, China; Yangon, Myanmar; Dhaka, Bangladesh; Khartoum, Sudan; Varna, Bulgaria; and Ulaanbaatar, Mongolia. These programs served a total of 3,118 host-country doctors, nurses, anesthesiologists and biomedical technicians. During surgical demonstrations, 638 patients were treated for ophthalmic conditions. In addition, 2,007 consultations were held on specific cases.
- Support for the Science Program at Ramallah Friends School in the West Bank has allowed for a significant upgrade to the curriculum previously available at the school,

as well as significant upgrade to other high school science curriculum programs in the West Bank. By sharing its experience with other schools, Ramallah Friends School is

SO Indicator #4: Percent of grants that made quality improvements in key areas

assisting these other institutions to improving science education in the West Bank. This indicator measures the degree to which ASHA assistance has resulted in quality improvement in key areas. Sixty-six percent of the grantees reported that their grant led to quality improvement in these key areas.

- Facilitate the free flow of ideas, information, and democratic practices through an increase in access to technical information and communication technology.
- Target priority development issues including addressing vulnerable and under-served populations, increasing client-focused services, and addressing priority research issues.
- Accelerate institutional maturity by advancement towards accreditation and increasing self-sufficiency.
- Facilitate the free flow of ideas, information and democratic practices

Increased access to information and communication technologies. Broad and equitable access to information and communication technology is a basic U.S. value that when inculcated by OSIs produces improved quality of the institutions, their staffs, and their teaching, training and research programs. The free flow of uncensored information is essential to demonstrating U.S. ideas and practices and to the advancement of democratic growth. Information and communication technology greatly expands the impact and outreach of ASHA's investments. Freely available technical information contributes to and is essential for the success of each of USAID's strategic goal areas.

ASHA grants were used during the reporting period to construct or enhance libraries at many recipient institutions. ASHA sponsorship of the library at the Nanjing Center for Chinese/American Studies led to a qualitative and quantitative improvement of the holdings of the library thus sustaining and expanding the library's collection of American Studies books and periodicals – the largest one in the People's Republic of China.

The ASHA-funded library at the American Community School in Lebanon is one-of-a-kind in Lebanon. Most secondary schools do not have libraries and if they do the facilities and collection are poor. The ACS library is open to the students, alumni, parents, faculty, and staff. During the reporting period, the library hosted workshops for school librarians from various Lebanese

schools and worked with schools in Lebanon to help set up libraries and demonstrated how to automate a collection.

ASHA's grants have increased the capacity of OSIs to conduct outreach activities (training, extension programs and applied research) that extend well beyond the campuses of the OSIs. The Zamorano's computer network enabled the school to participate in its first distance learning activities via a program coordinated by Cornell University. The School hosted a seminar that involved university students from the United States, The Netherlands, Sweden, Australia and Central America. Also, the computer network and the associated improvements in Internet connectivity was the basis for increased interaction (in the area of distance education, collaborative research, professional development) with key collaborators in the United States including Cornell University, Purdue University, the University of Florida, University of Illinois, and Mission College.

- **Target priority development issues**

Address vulnerable and under-served populations. During this reporting period, recipient institutions used their ASHA grants to expand their outreach to meet the needs of vulnerable and under-served segments of the population. Special emphasis has been given to expand access to education to girls and women, such as the construction of women's dorms at several of the ASHA-funded OSIs. The opening of the female dormitory at Loyola Secondary School in Nigeria underlined the school's commitment to quality education for women and to the larger struggle for equality of women in Nigerian society. The ASHA grant allowed the school to be a coed school from its beginning. The construction of a women's dormitory at the Pan American School of Agriculture has resulted in a 38% increase in female students.

Training funded by ASHA has produced physicians, nurses, and technicians capable of performing up-to-date medical procedures and increasing access for the urban and rural poor. For example, medical personnel at Hospital Sainte Croix in Haiti were trained in the use of a new ASHA funded ultrasound apparatus that is being used for improved diagnosis of patients. The hospital has developed state-of-the-art sonographic diagnosis of filariasis. The equipment is used to monitor the efficiency of treatment. With ASHA support, Kikuyu Christian Hospital in Kenya has been able to expand their services to meet unmet needs. These include surgical services, physical therapy and prosthetics.

Increase client-focused services. Almost all of the health institutions receiving ASHA support during the reporting period installed new state-of-the-art medical equipment to improve the quality and efficiency of the services they provide. These service delivery improvements are highly valued by poor rural patients that travel long distances to use specialized services and who seldom have the resources to wait days for test results, interpretation, diagnosis, and treatment. In addition, equipment purchased through ASHA grants has brought modern medical technology to bear on health problems of the poor. For example, an ASHA grant to assist the King Edward Memorial Hospital in India has already begun to show improved quality of services and success in addressing two major problems, birth asphyxia and neonatal liver disease. The ASHA grant

provided significant improvement in the monitoring and treatment of difficult pregnancies and increased the pool of train personnel. It also provided equipment used to support telemedicine to monitor and improve the care at rural sites.

Address priority research issues. ASHA grants for construction, remodeling, and equipment have supported research in a wide variety of priority areas from, seed biology at the Pan American School of Agriculture to genome mapping at the Feinberg Graduate School in Israel. Other examples of outstanding research findings partially funded by ASHA at the Feinberg Graduate School that have regional and worldwide implications include technologies that exploit concentrated solar energy and new methods of predicting groundwater levels.

- **Accelerate institutional maturity**

Advancement toward accreditation. A very exciting trend and long-term result of ASHA's activities is the accreditation of OSIs by U.S. accreditation boards and organizations. With the classroom facilities in place at Xavier High School, the school has devoted their full attention to developing a set of standards and benchmarks for each subject area in the curriculum as it prepares for its next self-study with the Western Association of Schools and Colleges (WASC) in California.

Increase self-sufficiency. Many of ASHA supported OSIs have been able to leverage ASHA funding and obtaining additional funding from other sources. As this trend continues, the OSIs are learning the skills required to obtain grants and are developing the systems for self-sufficiency. Some of the OSIs have developed revenue generating programs that also guarantee their sustainability such as the communication production capabilities that have been developed at Zamorano that will be able to underwrite all of the operations costs associated with income from externally financed outreach projects.

B. Summary Table for ASHA Results Performance

| Strategic Objective | Exceeding Expectations | On-Track | Not Meeting Expectations |
|---|------------------------|----------|--------------------------|
| Demonstrate U.S. educational and medical technologies and practices in selected countries | | X | |

ASHA is on-track with respect to its targets for this reporting period. This self-assessment is based on evaluation of indicator data and the self-assessment of the grants with about 75 percent meeting or exceeding their targets.

C. Performance Data Tables

| | | | |
|--|------------------|----------------|---------------|
| OBJECTIVE: Demonstrate U.S. educational and medical technologies and practices in selected countries. | | | |
| APPROVED: 25/07/97 ORGANIZATION: ASHA | | | |
| RESULT NAME: Demonstrate U.S. educational and medical technologies and practices in selected countries. | | | |
| INDICATOR : SO Indicator #1 Percent of grants that complete all the agreed upon actions by the original PACD | | | |
| UNIT OF MEASUREMENT: Percent | YEAR (R4) | PLANNED | ACTUAL |
| | | | |
| | 1997 | (Baseline) | 9.5%* |
| DATA SOURCE: Project MIS | 1998 | 20% | 33%** |
| | 1999 | 35% | |
| INDICATOR DESCRIPTION: Number of grants completed by original PACD/total grants | 2000 | 50% | |
| | 2001 | 75% | |
| COMMENTS: * percent of grants that were completed as anticipated in 1997 (2 of 21) ** percent of grants that were completed as anticipated in 1998 (6/18) | | | |

| | | | |
|--|------------------|----------------|---------------|
| OBJECTIVE: Demonstrate U.S. educational and medical technologies and practices in selected countries APPROVED: 25/07/97 ORGANIZATION: ASHA | | | |
| RESULT NAME: Demonstrate U.S. educational and medical technologies and practices in selected countries | | | |
| INDICATOR: SO Indicator #2 Percent of grants that have and use Performance Monitoring Plans | | | |
| UNIT OF MEASUREMENT: Percent | YEAR (R4) | PLANNED | ACTUAL |
| | | | |
| | 1997 | (Baseline) | 4.3% * |
| DATA SOURCE: Project MIS | 1998 | 25% | 43% ** |
| | 1999 | 50% | |
| INDICATOR DESCRIPTION: Grants with plans that contain measurable, result-oriented objectives that contribute to the ASHA strategic plan, outcome indicators, data reporting format and a time-line. Number of grants with plans/total number of grants | 2000 | 75% | |
| | 2001 | 100% | |
| | | | |
| COMMENTS: <ul style="list-style-type: none"> * Grantees submitted PMPs for 4 of the active 92 grants during or prior to the reporting period. ** Grantees submitted PMPs for 29 of the 67 active grants during or prior to the reporting period. | | | |

| | | | |
|--|------------------|----------------|---------------|
| OBJECTIVE: Demonstrate U.S. educational and medical technologies and practices in selected countries APPROVED: 25/07/97 ORGANIZATION: ASHA | | | |
| RESULT NAME: Demonstrate U.S. educational and medical technologies and practices in selected countries | | | |
| INDICATOR: SO Indicator #3 Percent of grants that have expanded access as a result of ASHA-funded activities | | | |
| UNIT OF MEASUREMENT: Percent | YEAR (R4) | PLANNED | ACTUAL |
| | | | |
| | 1997* | (Baseline) | 48% |
| DATA SOURCE: Project MIS | 1998 | 50% | 64% ** |
| | 1999 | 50% | |
| INDICATOR DESCRIPTION: Number of grants increasing access/total number of active grants | 2000 | 50% | |
| | 2001 | 50% | |
| COMMENTS: * Grantees reported that 44 of the 92 active grants increased access as a result for the reporting period. ** Grantees reported that 43 of the 67 active grants increased access for the reporting period. | | | |

| | | | |
|---|------------------|----------------|---------------|
| OBJECTIVE: Demonstrate U.S. educational and medical technologies and practices in selected countries. | | | |
| APPROVED: 25/07/97 ORGANIZATION: ASHA | | | |
| RESULT NAME: Demonstrate U.S. educational and medical technologies and practices in selected countries | | | |
| INDICATOR: SO Indicator #4 Percent of grants that resulted in quality improvements in key areas | | | |
| UNIT OF MEASUREMENT: Percent | YEAR (R4) | PLANNED | ACTUAL |
| | | | |
| | 1997 | (Baseline) | 60% * |
| DATA SOURCE: Project MIS | 1998 | 75% | 66% ** |
| | 1999 | 75% | |
| INDICATOR DESCRIPTION: Number of grants improving quality /total number of active grants | 2000 | 75% | |
| | 2001 | 75% | |
| COMMENTS: * Grantees reported that 55 of the 92 active grants increased quality in key areas during the reporting period. ** Grantees reported that 44 of 67 active grants increased quality in key areas during the reporting period. | | | |

PART III: RESOURCE REQUEST

A. Rational for Program Resources Level and SO Allocations

ASHA manages an annual grants program to support overseas educational and health institutions, which demonstrate, on a selected basis, American ideas and practices. The program relies on a competitive process for awarding grants; receiving approximately 70 applications with funding request of over \$74 million and awarding slightly over 30 grants per year. ASHA currently has 66 active grants in 29 countries worldwide with total awards valued at over \$60 million. As stated in last year's R4, ASHA is not requesting an increase in workforce. However, it is critical that the ASHA direct hire level of 5 continue to sustain the program and management improvements implemented over the past four years. A lower level would seriously jeopardize ASHA's ability to provide quality oversight of the program.

ASHA's request for an additional \$5.8 million in DA was not sustained in last year's BBS review. Last year's OYB was \$15.0 million, a level which is insufficient to hold a minimal competition and for monitoring and oversight of the program in FY 2000 and FY 2001. Current applicant funding requests are about five times the ASHA OYB. \$20.6 million is the minimum required to hold a competition and to implement the required management oversight for this highly visible and politically sensitive program.

For FY 2000 and 2001, ASHA is requesting a total of \$20.6 million. \$20.0 million each year is requested for the competitive grant process. ASHA's request for additional DA still leaves us well below what it would take to fund all competitive grants. However, it provides us with a more reasonable opportunity to implement our strategic plan and realize our stated results.

In order to provide the program support functions required to sustain the effective management of the ASHA program and implement our strategic plan, a minimum of \$600,000 is required for FY 2000 and FY 2001. These funds are required for the annual competitive review, evaluation and audits, and our institutional support contract.

ASHA proudly reports in Part II of this R4 that once again we (ASHA and our partners) are on target for our strategic objective. These positive results should be used by USAID resource decision-makers to determine that the ASHA program is worthy of their support and certainly of the nominal increased levels requested in FY 2000 and 2001.

B. ASHA Program Request in Relation to OE and Staffing Requirements

The ASHA direct-hire staff includes five professionals. ASHA's split-funded institutional support contract provides support for the critical services, such as, MIS, financial reviews, pre-award audits, annual review documents, etc. The data collection activity links directly toward monitoring the strategic objective progress. It also provides the critical financial analysis and

review of the institutions. We are not requesting an increase in the OE portion of the institutional support contract, and the DA portion was addressed in the previous section of Part III.

The request for OE travel funds is at the bare minimum and reflects no increase. Due to the shortage of direct-hire staff, it is not possible to make more site visits and effectively manage day-to-day requirements of the ASHA program. It is critical that the level for OE travel be maintained at the requested level in order to allow ASHA direct-hire staff to visit both U.S. sponsor headquarters and overseas institutions.

Staff training is important to ASHA management and we have included a minimal amount of OE funds to cover critical work related training offered outside of USAID. For example, USDA frequently offers valuable training directly related to ASHA staff responsibilities. Since USAID does not offer this training, we plan on taking advantage of off-site opportunities.

ASHA is not requesting an increase in the number of direct-hire staff. It is of paramount importance, however, that decision-makers appreciate that ASHA can not absorb any decrease in current staff levels.

The above information is displayed graphically in the attached tables (a) WASHINGTON OE BY RESOURCE CATEGORY BHR/ASHA, (b) Workforce BHR/ASHA, and (c) Workforce Tables BHR/ASHA

C. ASHA Pipeline Performance

At a meeting chaired by BHR/PPE on March 9, 1999, a pipeline report was given to each office in the Bureau. That report showed a total of \$3.2 million in unliquidated balances for expired grants for ASHA. Of that total, \$2.4 million has been liquidated according to financial records in ASHA official files; leaving an unliquidated balance of \$800,000. This represents an 80% reduction in unliquidated balances in expired obligations. ASHA will work with M/FM to provide them with additional copies of the pertinent 269s and 270s so that their records can be brought up-to-date.

| Pipeline Benchmark | ASHA Status Against Benchmark |
|--|---|
| 1. Percent reduction in expired pipeline as compared to the 2/11/99-pipeline report. | 80% Reduction |
| 2. Number and value of deobligations identified, which can be made from expired grants, cooperative agreements, or Contracts in M/OP's closeout unit. | N/A |
| 3. Number and value of deobligations identified which can be made from expired grants, cooperative agreements, contracts, travel authorizations, etc., that are still within | Review of the remaining unliquidated balances indicates that no amounts are available for deobligation. |

| | |
|--|---|
| the Bureau (i.e., have not been transferred to M/OP's close-out unit). | |
| 4. Number and value of deobligation actions submitted to M/OP and M/FM as appropriate. | N/A – as no amounts are available for deob. |

Workforce Tables

| Org BHR/ASHA | | | | | | | | | | | | | | | | |
|------------------------|------|------|------|------|------|------|------|--------|-------|------|--------|-------|-------|-------|-------|-------|
| End of year On-Board | | | | | | | | Total | Org. | Fin. | Admin. | Con- | All | Total | Total | |
| FY 1999 Estimate | SO 1 | SO 2 | SO 3 | SO 4 | SO 5 | SpO1 | SpO2 | SO/SpO | Mgmt. | Mgmt | Mgmt | tract | Legal | Other | Mgmt. | Staff |
| OE Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Direct Hire | 5 | | | | | | | 5 | | | | | | | 0 | 5 |
| Other U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSN/TCN Direct Hire | | | | | | | | 0 | | | | | | | 0 | 0 |
| Other FSN/TCN | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Program Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSNs/TCNs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Direct Workforce | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| TAACS | | | | | | | | 0 | | | | | | | 0 | 0 |
| Fellows | | | | | | | | 0 | | | | | | | 0 | 0 |
| IDIs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL WORKFORCE | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |

Workforce Tables

| | SO 1 | SO 2 | SO 3 | SO 4 | SO 5 | SpO1 | SpO2 | Total SO/SpO | Org. Mgmt. | Fin. Mgmt | Admin. Mgmt | Con- tract | Legal | All Other | Total Mgmt. | Total Staff |
|---------------------------|------|------|------|------|------|------|------|-----------------|---------------|--------------|----------------|---------------|-------|--------------|----------------|----------------|
| FY 2000 Target | | | | | | | | | | | | | | | | |
| OE Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Direct Hire | 5 | | | | | | | 5 | | | | | | | 0 | 5 |
| Other U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSN/TCN Direct Hire | | | | | | | | 0 | | | | | | | 0 | 0 |
| Other FSN/TCN | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Program Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSNs/TCNs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Direct Workforce | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| TAACS | | | | | | | | 0 | | | | | | | 0 | 0 |
| Fellows | | | | | | | | 0 | | | | | | | 0 | 0 |
| IDIs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL WORKFORCE | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |

| | | | | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY 2000 Request | | | | | | | | | | | | | | | | |
| OE Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Direct Hire | 5 | | | | | | | 5 | | | | | | | 0 | 5 |
| Other U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSN/TCN Direct Hire | | | | | | | | 0 | | | | | | | 0 | 0 |
| Other FSN/TCN | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Program Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSNs/TCNs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Direct Workforce | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| TAACS | | | | | | | | 0 | | | | | | | 0 | 0 |
| Fellows | | | | | | | | 0 | | | | | | | 0 | 0 |
| IDIs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL WORKFORCE | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |

Workforce Tables

| | | | | | | | | | | | | | | | | |
|---------------------------|------|------|------|------|------|------|------|--------|-------|------|--------|-------|-------|-------|-------|-------|
| <u>Org BHR/ASHA</u> | | | | | | | | Total | | | | | | | | |
| End of year On-Board | | | | | | | | SO/SpO | Org. | Fin. | Admin. | Con- | | All | Total | Total |
| FY 2001 Target | SO 1 | SO 2 | SO 3 | SO 4 | SO 5 | SpO1 | SpO2 | Staff | Mgmt. | Mgmt | Mgmt | tract | Legal | Other | Mgmt. | Staff |
| OE Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Direct Hire | 5 | | | | | | | 5 | | | | | | | 0 | 5 |
| Other U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSN/TCN Direct Hire | | | | | | | | 0 | | | | | | | 0 | 0 |
| Other FSN/TCN | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Program Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSNs/TCNs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Direct Workforce | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| TAACS | | | | | | | | 0 | | | | | | | 0 | 0 |
| Fellows | | | | | | | | 0 | | | | | | | 0 | 0 |
| IDIs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL WORKFORCE | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |

| | | | | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FY 2001 Request | | | | | | | | | | | | | | | | |
| OE Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Direct Hire | 5 | | | | | | | 5 | | | | | | | 0 | 5 |
| Other U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSN/TCN Direct Hire | | | | | | | | 0 | | | | | | | 0 | 0 |
| Other FSN/TCN | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Program Funded: 1/ | | | | | | | | | | | | | | | | |
| U.S. Citizens | | | | | | | | 0 | | | | | | | 0 | 0 |
| FSNs/TCNs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Direct Workforce | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| TAACS | | | | | | | | 0 | | | | | | | 0 | 0 |
| Fellows | | | | | | | | 0 | | | | | | | 0 | 0 |
| IDIs | | | | | | | | 0 | | | | | | | 0 | 0 |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL WORKFORCE | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |

Workforce

MISSION : **BHR/ASHA**

USDH STAFFING REQUIREMENTS BY SKILL CODE

| BACKSTOP (BS) | NO. OF USDH EMPLOYEES IN BACKSTOP FY 1999 | NO. OF USDH EMPLOYEES IN BACKSTOP FY 2000 | NO. OF USDH EMPLOYEES IN BACKSTOP FY 2001 | NO. OF USDH EMPLOYEES IN BACKSTOP FY 2002 |
|-----------------------|--|--|--|--|
| 01 SMG | 1 | 1 | 1 | 1 |
| 02 Program Officer | 2 | 2 | 2 | 2 |
| 03 EXO | | | | |
| 04 Controller | | | | |
| 05/06/07 Secretary | | | | |
| 10 Agriculture | | | | |
| 11 Economics | | | | |
| 12 GDO | | | | |
| 12 Democracy | | | | |
| 14 Rural Development | | | | |
| 15 Food for Peace | | | | |
| 21 Private Enterprise | | | | |
| 25 Engineering | 1 | 1 | 1 | 1 |
| 40 Environment | | | | |
| 50 Health/Pop. | | | | |
| 60 Education | | | | |
| 75 Physical Sciences | | | | |
| 85 Legal | | | | |
| 92 Commodity Mgt | | | | |
| 93 Contract Mgt | | | | |
| 94 PDO | 1 | 1 | 1 | 1 |
| 95 IDI | | | | |
| Other* | | | | |
| TOTAL | 5 | 5 | 5 | 5 |

Please e-mail this worksheet
in either Lotus or Excel to:
Maribeth Zankowski
@hr.ppim@aidw
as well as include it with
your R4 submission.

*please list occupations covered by other if there are any

| OC | Resource Category Title | FY 1999 Estimate | FY 2000 Target | FY 2000 Request | FY 2001 Target | FY 2001 Request |
|------|--|---------------------------------|-------------------|--------------------|-------------------|--------------------|
| 11.8 | Special personal services payments IPA/Details-In/PASAs/RSSAs Salaries | Do not enter data on this line. | | | | |
| | Subtotal OC 11.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 12.1 | Personnel Benefits IPA/Details-In/PASAs/RSSAs Salaries | Do not enter data on this line. | | | | |
| | Subtotal OC 12.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 21.0 | Travel and transportation of persons | Do not enter data on this line. | | | | |
| | Training Travel | Do not enter data on this line. | | | | |
| | Operational Travel | Do not enter data on this line. | | | | |
| | Site Visits - Headquarters Personnel | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 |
| | Site Visits - Mission Personnel | | | | | |
| | Conferences/Seminars/Meetings/Retreats | | | | | |
| | Assessment Travel | | | | | |
| | Impact Evaluation Travel | | | | | |
| | Disaster Travel (to respond to specific disasters) | | | | | |
| | Recruitment Travel | | | | | |
| | Other Operational Travel | | | | | |
| | Subtotal OC 21.0 | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 |
| 23.3 | Communications, Utilities, and Miscellaneous Charges Commercial Time Sharing | Do not enter data on this line. | | | | |
| | Subtotal OC 23.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 24.0 | Printing & Reproduction Subscriptions & Publications | Do not enter data on this line. | | | | |
| | Subtotal OC 24.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 25.1 | Advisory and assistance services | Do not enter data on this line. | | | | |
| | Studies, Analyses, & Evaluations | | | | | |
| | Management & Professional Support Services | 130.0 | 130.0 | 130.0 | 130.0 | 130.0 |
| | Engineering & Technical Services | | | | | |
| | Subtotal OC 25.1 | 130.0 | 130.0 | 130.0 | 130.0 | 130.0 |
| 25.2 | Other services | Do not enter data on this line. | | | | |
| | Non-Federal Audits | | | | | |
| | Grievances/Investigations | | | | | |
| | Manpower Contracts | | | | | |
| | Other Miscellaneous Services | | | | | |
| | Staff training contracts | 0.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| | Subtotal OC 25.2 | 0.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| 25.3 | Purchase of goods and services from Government accounts | Do not enter data on this line. | | | | |
| | DCAA Audits | | | | | |
| | HHS Audits | | | | | |
| | All Other Federal Audits | | | | | |
| | Reimbursements to Other USAID Accounts | | | | | |
| | All Other Services from other Gov't. Agencies | | | | | |
| | Subtotal OC 25.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 25.7 | Operation & Maintenance of Equipment & Storage | Do not enter data on this line. | | | | |
| | Subtotal OC 25.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 25.8 | Subsistence and support of persons (contract or Gov't.) | Do not enter data on this line. | | | | |
| | Subtotal OC 25.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 26.0 | Supplies and Materials | Do not enter data on this line. | | | | |
| | Subtotal OC 26.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 31.0 | Equipment | Do not enter data on this line. | | | | |
| | ADP Software Purchases | | | | | |
| | ADP Hardware Purchases | | | | | |
| | Subtotal OC 31.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | TOTAL BUDGET | 160.0 | 162.0 | 162.0 | 162.0 | 162.0 |

ANNEX 1

ENVIRONMENTAL IMPACT

IEESs will be required for the 31 new grants yet to be awarded. ASHA maintains close working relationship with the Bureau Environmental Officer in order plan and implement these IEESs.

ANNEX 2

UPDATED RESULTS FRAMEWORK

ASHA Strategic Plan, approved on July 25, 1997, contains a single Strategic Objective derived from ASHA's congressional mandate: "Demonstrate U.S. educational and medical technologies and practices in selected countries."